

Presenters: Acting Navy Secretary Thomas B. Modly; Admiral Michael Gilday, Chief Of Naval Operations; Rear Admiral Bruce L. Gillingham, Surgeon General Of The Navy; Master Chief Petty Officer Of The Navy Russell L. Smith  
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Acting Navy Secretary Modly Holds A Press Briefing At The Pentagon

STAFF: Good afternoon, everybody. Thanks for your patience today.

Mr. Secretary, when you're ready we'll start with opening comments --

ACTING NAVY SECRETARY THOMAS B. MODLY: Okay.

STAFF: -- then go to any questions you've got.

SEC. MODLY: Afternoon, everybody. Thanks for being here again, and thanks again for all the hard work you're doing to keep the nation informed about this crisis. It's -- it's putting strains on you as well, just similar to the ones that we're experiencing here in the Pentagon and across the fleet, in terms of maintaining social separation and still trying to do our jobs at the same time. So we appreciate you all being here and helping us get our messages out.

The USNS Mercy and Comfort that are now providing a full spectrum of care, including general surgery, critical care and ward care for adults so local hospitals can focus on COVID-19. The Red Cross and white hulls of the USNS Comfort and USNS Mercy secured to our two largest cities. It's just the most visible example of what the Navy and Marine Corps team is doing to combat the pandemic.

Other examples are numerous. I'm going to give you a few, just so that you understand how we're engaged in this.

The U.S. Navy's Expeditionary Medical Facilities, or EMFs, are being deployed to temporary medical stations in the convention centers of Dallas and New Orleans. The Marine Corps Systems Command and Naval Information Warfare Center Pacific recently assisted the U.C. San Diego Medical Center in designing parts using 3-D printing to enable simultaneous ventilation of multiple patients who need ventilators. The Navy Medical Research Center has medical professionals deployed around the globe conducting COVID-19 diagnostic and surveillance testing. The Naval Research Laboratory is providing technical support in several areas, including fluid mechanics and biotechnology, and there are many, many more of these examples.

And we've seen every member of our force step forward to continue our nation's defense and to protect our people, and that includes our Reserve Forces. It's telling that within 24 hours of the initial call going out for medical reserve professionals for Comfort and Mercy, over 200 respondents volunteered and came forward to serve on those ships, and our Reserve component is coming through in other areas too, such as air transport and logistics.

We use the phrase "All hands on deck" pretty much -- pretty often around here, but that is the absolute reality when it comes to our response to COVID-19, and we're seeing that every day. All this underscores the bedrock truth that our greatest strength will always be our people, and our ultimate purpose will always be the defense of the nation.

Our highest obligation as leaders is to ensure the safety and readiness of every sailor and Marine on the watch, as well as their families back home so that they can do their mission. That's why we're taking every precaution to prevent the spread of COVID-19 in the fleet. I know you've all been following the situation on the USS Teddy Roosevelt very closely, as have we. We've in close contact -- we've been in close contact with PACFLT, 7th Fleet, the carrier strike group commander and the commanding officer of the Teddy Roosevelt, establishing the facts and adjusting our operations accordingly to get the crew what it needs in this time.

As you heard from Admiral Aquilino, the PACFLT commander yesterday, the situation is very dynamic and we are supporting our subordinate commanders to ensure we protect our sailors and our Marines so that they can protect the homeland and retain their readiness to the best of our ability. I recognize that there've been a lot of questions about the Teddy Roosevelt, particularly over the last 24 hours, so I gave some updates yesterday when I was out in -- in California, but here is the timeline of some of the actions that we've taken with the Teddy Roosevelt since she deployed.

Prior to deployment, we embarked a special medical team on the ship, and prior to the post -- the post visit in Vietnam, the World Health Organization had identified less than 20 COVID-19 cases in Vietnam at the time, and all of them were in Hanoi, pretty far away from where the ship was going in Da Nang. And they had seen no recent new cases before the ship pulled in.

We conducted screening for sailors returning from liberty, including temperature readings, and anyone who we may have suspected of having been exposed was quarantined immediately and we had no positive tests at that time.

At the end of the 14-day observation period aboard the ship, there were two sailors with symptoms who had positive tests. They were properly isolated and flown off the ship to Guam, to the hospital there -- the naval hospital in Guam. Their symptoms have since resolved.

We identified and quarantined all those who we suspected of being in close contact with those that had tested positive. When the T.R. pulled into port, all sailors with confirmed positive tests were moved off the ship and isolated immediately.

We continued contact tracing, quarantine, and monitoring to fulfill the process of understanding who might have been infected. And we did that in a very methodical way based on who we thought may have had contact with the sailors who tested positive.

On Sunday evening, after being in port for a couple of days, the commanding officer expressed concern that the spaces off the ship were not sufficient for -- to isolate at the pace that he felt was necessary. We also received some feedback from the medical team that they were concerned about the same problems in terms of not having enough space off the ship.

Let me emphasize that this is exactly what we want our commanding officers, our medical teams to do. We need a lot of transparency, in this process, and we want that information to flow up through the chain of command. And that's -- that's what they did, and we appreciate their ability to let us know at our highest levels, where we can apply resources to help the situation immediately.

We began seeking additional space in Guam and elsewhere right away. We're making progress on that -- on that process. We already have nearly 1,000 personnel off the ship right now. And in the next couple of days, we expect to have about 2,700 of them off the ship.

One thing I want to emphasize as well is that we cannot and will not remove all the sailors from the ship. And that's not what the commanding officer requested either, nor the medical team. Our plan has always been to remove as much of the crew as we can while maintaining for the ship's safety.

It's important to understand that just because it's big, and it floats, and it has a lot of people on it, the comparison of the T.R. to a cruise ship pretty much ends there. This ship has weapons on it, it has munitions on it, it has expensive aircraft and it has a nuclear power plant. It requires a certain number of people on that ship to maintain the safety and security of the ship.

There are less than 100 personnel who have tested positive so far. None of them are seriously ill, and not one of them has been hospitalized to date. Currently, their numbers are, we have 93 positive tests, 86 exhibiting symptoms and seven without symptoms; 593 negative tests, that's -- and we've tested about 24 percent of the crew. And so we've got 1,273 of the crew that have been tested, some of those results have not come back yet.

We have accelerated testing and are deep cleaning all the spaces on the ship. We are providing the commanding officer what he has requested and we are doing our best to accelerate the pace wherever we can.

Like the rest of the country and the world, we are learning more about stopping the spread of this virus each day. The front lines are constantly being redrawn in this process. Stopping the spread of this virus is the fight we are in right now.

Right now, the Teddy Roosevelt is the front-line theater in this new battle, and we have to respond with the skill and agility and direct communication required to protect our people and our nation. I'm confident that the Navy and Marine Corps team will save lives and protect this nation, as it always has and it always will.

So thank you and I look forward to your questions.

STAFF: Alright, Lita Baldor, AP.

Q: Hi. Thank you. Good afternoon.

You -- you gave us a good update on the numbers. I'm wondering if you could talk to us a little bit about where the sailors are going. And you mentioned Guam and other places. Are there plans or is there the need to take the sailors to somewhere other than Guam and do you have enough hospital rooms that you think you'll be able to accommodate everyone?

My second part of the question is there's been a lot of discussion from the Admiral about this rotation of sailors off shore to make sure that they're okay and then back onto the ship. In doing that, about how long do you think the ship will have to be in port in Guam? It sounds like that would be at least several weeks to a month, anyway. Thank you.

MODLY: So let me answer the first question. I may have misspoke -- we're -- we're still only looking at locations on Guam right now for -- for the sailors that we need to take off. What we are looking at is beyond just the facilities that the Navy has or space or real estate that the Navy has or the DOD has on Guam.

So we are in conversations with the governor of Guam to see if there's an ability to free up some hotel space and they're working that one pretty diligently right now. It looks like that is going to be one of the -- one of the areas that we can send people to.

As far as how long this is going to take, I don't have a good estimate on that. I will tell you it won't be resolved in the next couple of days. It will take some time but we're still looking at that and trying to make an -- get a good understanding of what that might impact with respect to operational readiness.

I would also like to emphasize that if a ship needs to go, if there's a crisis, the ship can go. That's part of the reason why we're maintaining the skills on the ship that we need in case we have to move it in -- in the case of an emergency.

So I don't know if the CNO wants to add anything more to that but -- with respect to the operational considerations.

ADMIRAL MICHAEL GILDAY: So I -- I think in terms of numbers -- so I think you mentioned, Mr. Secretary, have over 1,000 off the ship right now. We'll have nearly triple that number of beds and spaces available by Friday and we'll be expediting -- people are moving off the ship as we're briefing -- as we're briefing right now.

In terms of the operational schedule, I'll just tell you that in terms of testing, we continue to get more efficient. And so over the past two days, we've gone from 300 tests up to 500 tests. And so the long pole in the tent, of course, is getting those testing results back as we get those samples to a DOD facility for processing.

And I don't want to talk about the operational schedule of the ship at this moment.

STAFF: Alright, Jennifer, we'll go to you next.

Q: When we asked about this last week, you said that you had no evidence that it was the port visit to Vietnam. Have you changed your assessment in light of the exponentially rising numbers? And was it the letter from the Captain that caused you to start to take -- move faster to remove people from the ship? And is the Captain going to be punished for having raised this in -- in very stark terms?

MODLY: I'll take a shot at the first several questions and I'll turn it over to the CNO. With respect to your first question about -- remind me again, sorry. That --

Q: The port call in Vietnam.

SEC. MODLY: The port call. We don't have any forensics that would indicate that that was what caused -- or brought the virus on the ship. As I

mentioned, when the -- when the crew came back on the ship, we tested certain members that we thought might have an issue. None of those tests came back positive.

So as I said before, we also had crew members flying on and off the ship from the air wing. So we're not really sure where it could've come -- someone could've brought it with them from San Diego when the ship actually deployed. We just don't know.

Once the virus gets on a ship like that, it's going to spread and it's hard to tell where it actually started.

With respect to the prompting of the CO, we've been in constant communication with -- with that team. My Chief of Staff has had conversations with him. I think there is some timing issues related to when that letter was sent, when it finally made its way out into the media, but we've been reacting obviously, cause we want them to tell us what their issues are so we can react to them. CNO, I don't know if you have --

GILDAY: Yeah, it was a risk-informed decision in going to Vietnam. So at the time, there were about 15 or 16 cases, they were up north in Hanoi and the ship pulled into Da Nang. Today, there are 203 cases in Vietnam and no deaths.

So just to put that in perspective -- and the WHO has graded Vietnam very highly across 12 or 13 different categories in terms of their reaction pretty early on and their ability to sustain that.

As the Secretary mentioned, the ship deployed in mid-January. So prior to that period, most of the crew in the air wing were out on pre-movement leave, so that would've been over the holiday period. So there could've been asymptomatic cases on board at some point. There was also a port visit to Guam in February, when she was -- been at sea for about a month.

So there are other vectors, of course, in which COVID could've been introduced to the ship. Understanding exactly who patient zero is probably going to be an impossible task. So we are doing our very best to prioritize those that are first tested, those that are symptomatic.

And as the Secretary mentioned in his numbers, of the 93 cases, you have 86 that are symptomatic, which is indicative of the fact that -- that those that are symptomatic are going to the head of the line in terms of testing.

STAFF: Alright, we'll go to Nancy Youssef on the phone.

Q: Thank you.

I wondered if you could clarify a couple of points. You mentioned you're doing testing. Is the testing all for COVID-19 or is it for influenza-like symptoms? And if so, what is the breakdown?

And also, you mentioned that you had visited Guam two weeks earlier (inaudible) the Roosevelt had. So was the plan for the Roosevelt to return to Guam, and if so, what was your plan at that point?

GILDAY: So the return back to Guam was a regularly scheduled port visit. It just happened to coincide with, I think, four days after we had that initial case -- that initial positive on the 22nd of March.

MODLY: And if you could please repeat your first question?

Q: Sure. You've talked about doing testing of all of the sailors and how you've accelerated it. I'd like to know if those are all COVID-19 tests or are they tests for influenza and then there are subsequent tests if someone comes back positive for COVID-19?

REAR ADMIRAL BRUCE L. Gillingham: Thank you. Let me -- let me just kind of give you an overview of the -- of the testing plan or the algorithm. So our ships have the ability to test for upwards of 20 influenza-like illnesses. COVID-19 only recently has been added to that array as an FDA-approved diagnostic test.

As the Secretary said, we had four deployed preventive medical units aboard on all three ships of the strike group. They have the ability to do what is known as surveillance testing for COVID-19. And so that was used in that expedient, emergent manner to identify those who are presumed positive.

As diagnostic capability became more available, we have been confirming those in DOD laboratories. I'm happy to report that now Naval Hospital Guam doing a lot of hard work by many people who are able to accelerate the establishment of diagnostic testing at Naval Hospital Guam and that actually is live now as I speak.

So it's important to understand the difference between surveillance testing and diagnostic testing. The team on the ship, in the overabundance of caution, wanted to identify those who had potentially had the virus and tested them, confirmed that individually and then got final confirmation with an FDA-approved test. Over.

STAFF: Alright, Ryan Browne, I'll come to you next.

QUESTION: Thank you. I just have two quick follow-ups. The first on the -- you said the goal was to get about 2,700 sailors off a ship in the next few days or so, and then you also said there was about -- capacity to have about 3,000 in Guam.

Is the limiting factor the housing capacity or is it the number of sailors that are required to run things, like the nuclear reactor that you need to keep onboard? What -- what is that 3,000 number? Is that the capacity or is that what you need -- the delta -- what you need on the ship?

GILDAY: So, don't take 3,000 as a limit, right. We continue to work with the government of Guam and a local community to find additional spaces for these sailors to stay, particularly in hotel rooms. So our goal is to get a clean ship, right. We need about a 1,000 people or so on that ship to keep those critical functions running, as the secretary mentioned.

And so, we have people who ashore that are isolated that have tested positive. We have others who that are quarantined or isolated because they are considered to have been in close contact, right.

And so, over that 14-day restriction in movement period, as they become clean, they get test -- if they haven't shown any symptoms, they get tested and then they're brought back on the ship.

Onboard the ship we, again, are trying very methodically to ensure that those sections of people, particularly -- think in terms of watch teams, that they are judiciously separated as well so we don't have any -- so we limit the risk of any cross-contamination.

QUESTION: And then, just on the -- a follow-up on a different topic. You said that if the Comfort was there in New York. Have they seen a single patient yet?

MODLY: I'm not sure, I know the Mercy's had, as of yesterday when I was there, they've had nine -- they've had 11 patients already, nine are still on the ship as of yesterday, two have already been discharged from the Mercy. I was under the impression the Comfort was starting to see patients yesterday, but I don't know the numbers. Do you know?

GILDAY: None right now, but ready to go.

GILLINGHAM: Yes, sir. No, they've been -- they've been making the arrangements with the local health officials to identify those patients that are appropriate to be transferred to Comfort. And that process is in place and I believe that patient arrival is imminent.

STAFF: Alright. We'll go to Dan Lamothe from The Post.

QUESTION: Can the speakers please identify themselves before they speak, for those of us who don't recognize voices. Thank you.

STAFF: The last was the Surgeon General. Alright, Dan Lamothe, Post.

QUESTION: Yes, thank you. Captain Crozier in his letter said that the Navy was failing to properly take care of its most trusted asset, our sailors. Family members have expressed similar sentiments in interviews. How do you respond to that?

MODLY: Well, my response to that is it's disappointing to have him say that. However, at the same time, I know that that's not the truth. We have been working very, very hard with the ship, with the command structure to ensure that's exactly what we're doing.

It's our priority, we need those sailors to be safe, we need them to be healthy, and we need that ship to be operational and so we're doing everything we can.

As I've mentioned yesterday, a lot of this is we're adjusting on the fly and we need the feedback from the people on the ground to tell us what we need to do to bring more assistance as it's -- as it's necessary.

GILDAY: Just a couple of comments on that question, Mr. Lamothe. So in terms of creating, you know, an environment where we have flat communications and -- you know, across the entire Navy enterprise that we get both lessons learned in terms of things we should sustain and things that we need to change. Twice a day, we have synchronization sessions that go down to all of our three and -- our four-, three- and two-star commanders and their staffs.

And so, across that -- across that enterprise, we are getting those inputs on a daily basis, we are getting requirements. We're trying to act as quickly as we can on those requirements and we're trying to improve.

Last night, we put out another message in a series of messages that we've been sending, this time directly to commanders. And their job is to identify -- our number-one priority, of course, is the safety and welfare of sailors and their families. And we can't thank families enough for all the support that they've given our sailors thus far.

And the second priority is to maintain our mission readiness, and to execute the missions as directed by the Secretary of Defense. You can't execute those missions operationally unless you have healthy crews. And so the input that we get back up the chain of command, like the Secretary of the Navy says, is incredibly important at speed so that we can act on it.

We think that there was a communications breakdown potentially with -- with the crew of the Theodore Roosevelt. But when we became aware yesterday morning of these concerns, we made sure that we were meeting expectations so that he could do thing one, which is to keep his crew healthy and safe.

So I think that we've laid that flat, so to speak, in terms of ensuring those communication lines are open and they're positive. And there's an environment here that it's understood, that we're here to break down barriers. And so we haven't -- you know, we haven't seen that. We haven't had those kinds of complaints. Or if we have received them, we've tried to act on them quickly.

MODLY: And I would like to say just further that my chief of staff has had conversations with the commanding officer of the ship, prior to this letter coming out, making it very clear that he felt that he was not getting the proper response from his chain of command, that he had a direct line into my office. So we're just making sure that they understand this.

We understand this is a very unusual circumstance. We're all learning, but we all -- we care -- obviously, we care about the health and well-being of our sailors first and so that's what we're trying to adjust to.

STAFF: Tom Bowman, NPR?

QUESTION: You keep saying the number one priority is the safety of the sailors. If that's the case, why wouldn't you take all of the sailors off the ship, as the captain suggests, and disinfect the ship? He says you have to find lodging for 4,000. Sounds like you still haven't found that lodging.

And frankly, it seems like there's a tug-of-war between the safety of the soldiers, what you say is the number-one priority, and the ability to complete the mission. And we had this conversation last night with the head of the Pacific Fleet. He keeps saying we have -- if there's a crisis, we have to respond.

So, again, frankly, isn't the mission the number-one priority?

MODLY: You know, that's the delicate balance that we have to play here, you know? Taking all the -- taking all the crew off the ship does not leave them safer. You can't leave a nuclear reactor there, running without anybody on the ship.

(CROSSTALK)

QUESTION: The Captain said he wanted to keep 10 percent on board to maintain the reactor and so forth?

MODLY: Right. It's not just the reactor, it's more than just the reactor. You have weapons systems, you have a variety of other things --

(CROSSTALK)

MODLY: I understand, I understand what he's saying. We're doing --

QUESTION: Well, is he right though? I mean, you could do it with 10 percent?

MODLY: I don't believe we can do it with 10 percent. I don't know.

CNO, what's your position on that?

GILDAY: I think the major difference, kind of the eye-opener for us, was the fact that he wanted to move at a greater speed to get people off the ship, right? And as he says in the opening paragraph of his letter, hey, look, if we have to fight today, we're ready -- we're ready to take in all lines and get the ship under way and we're ready to get on mission.

And so I think that the -- the misunderstanding perhaps was the requirement at speed to get people off the ship. And so we had been identifying spaces and getting people off the ship, we are now moving people at speed to get them off -- to get them off the ship.

And so in order to act on a requirement, we have to clearly understand the requirement. And that's why I spoke, Tom, to a potential comms breakdown, wherever it occurred. And we're not looking to shoot the messenger here, we want to get this right.

STAFF: Alright, we'll go back to the phones. Courtney Kube?

QUESTION: Hi, thank you. Admiral Gilday, I think this was you who said you think there was a communications breakdown with the T.R. crew, is that correct?

GILDAY: We haven't diagnosed that yet. I'm just supposing if they had a requirement and if we didn't know if it wasn't acted upon, you know, in the manner that the CO -- that the CO wanted, you know, there was potentially a breakdown in communications there at some point.

QUESTION: Okay, so -- so I guess my question is really, you know how have you identified that? Because I have to -- you know, sort of following on Tom Bowman's question, like, we -- after you guys first came out late last week and announced that there were a couple of cases and they were being flown off, the ship was out at sea.

And then we hear soon after, a day or two later or whatever it was, that it pulls in to Guam, we keep hearing, over and over, well, that was a scheduled port visit. So it seems as if there hasn't been an urgency to respond to this and get the sailors off, when we all know there's absolutely no way to quarantine or isolate people when you're on a ship.

So I mean, I guess -- is -- did the communication -- this communication breakdown, did it occur at the beginning with the T.R. crew not telling you how significant the potential curve was here, or? I'm just trying to understand a little bit more about that.

GILDAY: We understood on a day-to-day basis, right? How many cases they had. And so it began at two, and then we saw -- we saw a precipitous rise. And so a question -- right? -- in terms of the framework under which we're -- they were operating on the ship is, do you test first -- as I mentioned before, based on -- based on symptomatic cases, and then isolate, and then move to isolate and quarantine, or do you flip that approach and do you quarantine and isolate and then test?

And so that's where we made some adjustments to get people off the -- off the ship faster. It's a -- it's a difference of approaches, right? It's a difference of approaches and perhaps, you know, our understanding now of what his point was.

If I could just say something about the commanding officer of the ship. And so that's an extraordinary responsibility of command. And so he has authorities and he has responsibilities. And so he also is held account -- account for the health and well-being of those 4,865 sailors on that ship. He takes it very seriously.

And so if he has a difference of approach and he thinks he has a better way to do it, and if he doesn't feel that, you know, we're acting at the -- at the speed of urgency, then absolutely we need to know about that and we need to -- we need to adjust. So I wouldn't -- I wouldn't -- I think that we have quickly responded and deliberately responded to the feedback we received.

STAFF: Alright, David Larter on the phone?

QUESTION: Yes, sir. Thank you for -- for doing this, David Larter, Defense News.

Real quick, so the -- you know, there's -- there's a number of cases out there that we've heard about, small unit-level outbreaks here and there. You know, I don't know of any sort of widespread every-unit-has-it sort of thing.

But I'm wondering how you're going to, going forward, balance, you know, risk, the risk that you take by continuing to operate these ships and, going forward, the risks that you take that the virus will impose a readiness problem on those ships, even if, you know, even if you don't have one when you leave.

I guess, how are you balancing that risk with an expanded outbreak to more ships operating forward, with, you know, your clear desire to -- to maintain presence? And is there any validity to the suggestion that maybe you should reduce your forward presence or reduce your operating tempo temporarily until this virus gets under control?

MODLY: So those are discussions that are being held right now. We have made adjustments already to some of the operations that we intended to do, some of the port visits that we intended to do have been canceled for that very reason.

I'd also just like to emphasize, we have about 94 ships that are deployed right now. The Teddy Roosevelt is the only one that has active cases on board

right now. Some of the other ships that we have that have some active cases on it are in port, not deployed ships. And those numbers are all in the single digits. We don't have any large outbreaks on any of the other ships that we have right now.

So, David, it's a good question. We're, obviously, constantly thinking about that. This also has implications for as we start thinking about our training cycles and what we need to do there. It has implications for everything that we do, and we're -- we're thinking about that, we're planning for it and trying to figure out the best way to adjust.

STAFF: Alright, Mike Flynn, I'll come to you.

QUESTION: Yes, sir. There -- there was some concern with -- with family members aboard the T.R. or the relatives of the -- of the sailors, that a very public nature of this letter, how it got out, is going to somehow impact on the Captain's career.

Because, as you know, carrier captains are the best and the brightest and often pick up flag rank. Is it -- is there -- can you assure the family that he didn't, you know, shoot himself in the leg with this -- with this letter?

MODLY: Well, as I mentioned at the beginning of my statement, he submitted this letter through his chain of command, to his chain of command. How it got out into the media I don't know. I don't think anyone would ever know.

We certainly would prefer that it wouldn't, but when the chain of command receives letters like that, they're responsible and accountable for taking action on it, and that's what they did.

So, we -- we asked our -- particularly in light of some of the adjustments we've made in the fleet after the -- the accidents -- the horrible accidents we had in 2017, we are -- we really want people to tell us if they see problems.

They should not be inhibited from telling us and being transparent about the issues that they see, but they need to do it through their chains -- their chains of command. And if they're not getting the proper responses from the chains of command, then -- then they need to maybe go outside of it.

We prefer that they don't and hopefully our chains of command will respond appropriately. As I mentioned, this letter went -- was written on Sunday evening, and it made its way up to Admiral Aquilino, already things were in motion to respond to those -- to the letters by the time it made it out -- made it out into the media.

STAFF: Alright, Idrees Ali on the phone.

QUESTION: Sure. Thanks for taking out the time.

I just wanted to follow up on Jen's question. Firstly, do you -- will there be any retaliation against the captain of this ship? And do you believe that the moral aboard the ship has been damaged, as people on the ship and families are suggesting that it has been?

MODLY: Well like I said, I don't know who leaked the letter to the media. That would be something that would violate the principles of good order and discipline if he were responsible for that. But, I don't know that.

The fact that he wrote the letter up to his chain of command to express his concerns would absolutely not result in any type of retaliation. This is what we want our commanding officers to be able to do.

I'd also say that I received an e-mail yesterday from an enlisted person on the ship directly to me, telling me that things are actually okay. That he felt comfortable, that the ship was handling things appropriately. So, we're watching this thing very closely, and I think people feel comfortable being able to raise these issues up.

GILDAY: Sir, could I add to response to that, as well, in terms of -- in terms of our communications with families. And so I'd like Master Chief Petty Officer of the Navy, Master Chief Petty Officer Smith to step up to the mic and talk about that a little bit.

MASTER CHIEF PETTY OFFICER OF THE NAVY RUSSELL L. SMITH: Good afternoon.

So, you know, the -- one of the principle vehicles that we have to communicate with families is the Ombudsman. Not having that letter addressed in a way where we could have used the things like the Ombudsman and such, the CMC could have communicated in a different way.

The CO could have communicated in a very different way to avoid family member panicking when the first thing they see or read is not just the letter itself, but the spin and the hype and all the things that surround it.

So, that letter getting outside of our Navy lifelines really reduced and diminished the ability of the Ombudsman network to communicate to families in a way that probably would have been a lot more settling. So, imagine when you wake up and you read this thing first in the press before you get to hear about it from any Navy leader. Now you're on your heels explaining, which is never a good place to be.

But in speaking with people that are on the ship, morale does seem high and I think they know they're going to get through this. We've been talking a lot about this long before any of this happened, and how we are going to have some tough times ahead because of the -- the nature of the virus and what our families have to go through. Most of it -- of our communication has honestly been focused on those crews who are at sea who are worried about their families back home because frankly, that's where the greater need is right now, as far as, you know, what are they facing? What's the stress on the crew? In this instance, it's just the opposite, where now, I've got family members who are at home often sheltered in place who are asking about their -- their loved ones at sea.

So we're doing everything we can, and one of the nice things about the chief's network, and me, being a chief -- and by the way, today is the chief petty officer birthday -- we have that informal network and the ability to communicate with the fleet that does not necessarily follow the natural flow of the chain of command because we work together to help the whole and cut across that bureaucracy by communicating horizontally, where most -- most can't.

So there's a pretty good bead. I'm glad that SECNAV also have the opportunity here directly, but what we're getting from the ship is not that things are in a terrible state -- quite the opposite.

STAFF: Megan Meyers, we'll come to you next.

QUESTION: Alright. This question is for either of you.

Have you guys been able to speak to Secretary Esper directly about the plan here? Because yesterday, he was saying he didn't think that the carrier needed to be evacuated; that if it were sidelined, there are other carriers to do missions, but that ultimately, he was going to lean on the chain of command to take accountability for all of it. Is that the same conversation that you guys had (inaudible)?

MODLY: Yeah, I spoke to Secretary Esper yesterday about the situation, and maybe there's a terminology issue in terms of evacuation and what he thinks evacuation is, and what we're doing. I mean, we are evacuating or removing a large number of the members of the ship off the ship to make sure that they're -- that they're -- they're not positive, and that we can repopulate the ship in a -- in an orderly manner. So we -- yeah, we talked about it yesterday, and he understands the plan that we're on.

QUESTION: In terms of taking accountability for emerging outbreaks or containing ones that you already know about, are you reaching down to commands to make sure that they are doing everything? And is there anything that you need from the Pentagon level to, you know, have more policy to make sure that those things get done?

MODLY: I don't think we need anything more from the DOD level. I think we're -- we're -- we're putting out more guidance today. I believe the VCNO sent something out this morning to -- to the fleet, as well. CNO, I don't know what else you're doing.

GILDAY: So I mentioned earlier, we're doing those twice-a-days, right, to lay flat across -- across the Navy. Last night we reiterated in a message to all commanding officers, this is what -- these are the facts about COVID-19 to inform the measures that you're taking in accordance to the CDC guidelines, and we encouraged them to be a bit creative because, you know, whether it's a submarine or a destroyer or an aircraft carrier, sometimes people are working in close spaces, and so you have to do the best you can to maintain those standards, and to rotate watch teams. And the feedback that we're getting from the fleet is that they appreciate the guidance. It's getting down to the deck plates that people are executing.

To follow up on something that the Secretary said a few minutes ago about what we're doing to mitigate -- so of course, we've canceled a number of exercises and training evolutions, but we're also putting sailors in 14-day restricted movement quarantine environments before ships get underway for training and deployment.

STAFF: Now we'll go back to the phone. USNI - Ben Werner?

QUESTION: Sorry. I have a quick question.

So about that point, you've got, you know, roughly, given what's happened with Teddy Roosevelt, you've got now roughly, like, 1,900 sailors on board the

ships for the Makin Island ARG. Can you kind of explain the rationale behind, you know, loading everyone up and kind of sitting there for, you know, basically, an exercise?

GILDAY: So we've gone through a 14-day ROM period before these ships are getting underway, and so that is standard now. In fact, guidance came out from the Pacific Fleet commander and from our other fleet commanders as early as January. And so we've continued to update that guidance, but we've been following it down to every single ship before they get underway for any significant amount of time.

STAFF: Alright, last question, for Luis Martinez.

QUESTION: Alright, thank you so much for doing this briefing. Before I ask my real question, can you clarify for me please? I've seen crew listings of 4,000 and 5,000. Which is the accurate count?

GILDAY: Just -- just north of 4,800 on -- on the T.R.

QUESTION: Thank you for that.

My other question is, is that the captain, in his letter, what he really had concerns about was the proximity of the inability to carry out safe quarantine, according to CDC guidelines in the facilities that -- where his crew was being housed. When will that be addressed? I -- I know you've talked about hotels, but if -- if you're going to follow the guideline of one individual per room with an individual (inaudible), when can you get to that, or is that going to be (inaudible)?

MODLY: Well, we're asking them -- it's part of the reason why we're looking for more space off the ship, is to be able to spread the crew out and give them space where they can be isolated. That's why hotels are actually a pretty good -- pretty good place to put people, particularly if they stay where they're supposed to be for -- for the quarantine period and for -- or for the isolation period.

As far -- as far as on the ship, the more people you get off the ship, the more you can spread out the ones that are -- are left on board, to include spreading them out when they're dining and using the bathroom facilities, the head facilities and so on and so forth. So when we're in agreement with the CO, that we need to do all we can to get as many people off the ship, while still maintaining the safe operation of the ship, and so that they can actually be -- demonstrate a little bit more social separation on the ship itself.

CNO, do you have anything to add on that?

GILDAY: No, unless --

MODLY: Appreciate anything you have.

GILDAY: Just -- no, just, perhaps, the medical response, sir.

GILLINGHAM: And I'd like to reassure everyone as the surgeon general that -- that I have been in contact with the senior medical officer aboard the ship and the entire medical chain of command -- the Seventh Fleet surgeon, the Pacific Fleet surgeon, and I'm aware -- he expressed some of his concerns to us. I communicated those to the medical chain of command.

I will tell you that even prior to the letter, that we anticipated they would need additional medical support. So in conjunction with Naval Hospital Guam, which is a full-service hospital, as well as 55 members of the 3rd Medical Battalion from Okinawa, we have created a medical task force. So they are there to support the observation and treatment, as necessary, of those crewmembers who are -- who are positive.

As the Secretary of the Navy emphasized, none of those sailors have required hospitalization either aboard the ship or at Naval Hospital Guam. We will continue to monitor their condition. We believe that their relative health and youth is in their favor. We're not assuming that they won't become more ill, but so far indications are that they will continue to be mildly symptomatic and recover without sequela.

STAFF: Alright, ladies and gentlemen, thanks very much for coming to those in the room. Thank you for dialing in, folks.

**-END-**